

United States District Court
District of New Hampshire

U.S. DISTRICT COURT
DISTRICT OF N.H.
FILED

2015 MAR 18 A 11:35

HAVERSTICK

Plaintiff

v.

Civil Action No. _____
(To be provided by Clerk's Office)

N.H.S.P. WARDEN ET AL.

Defendant(s)

TO BE COMPLETED BY PLAINTIFF

(Check One Only)

☒ DEMAND FOR JURY TRIAL

☐ NO JURY TRIAL DEMAND

COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C § 1983

I. Parties

A. Please provide the following information for each plaintiff:

1. Name HAVERSTICK DAVEAN L
(Last) (First) (Initial)

2. Place of Detention N.H.S.P. MEN Concord

3. Institutional Address P.O. Box 14 Concord NH
03301

4. Are you incarcerated pursuant to a pretrial detention order or are you a sentenced inmate?

☐ Pretrial Detention Order

☒ Sentenced Inmate

5. Date pretrial detention order was issued or sentence imposed MAY 5th 2014

Allegation 2: Denial of proper medical care

Supporting Facts: Plaintiff has requested dental treatment in the form of dentures. Dental dept. has told Plaintiff that he does not qualify for dental treatment/dentures until he has served at least five (5) years at N.H.S.P.

Allegation 3: Equal protection.

Supporting Facts: other inmates ~~retard~~ receive dental care and the Prison provides dentures to inmates; however refuses to in the Plaintiff's case.

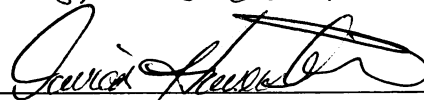
(If more space is needed to explain any allegation or to list additional facts, attach additional pages)

III. Relief

You must request specific relief in your Complaint. State briefly exactly what you want the court to do for you (attach additional pages if necessary):

- * Temp. injunction ordering the Prison's dental Dept. to fit Plaintiff and make for Plaintiff a complete set of dentures.
- * Per. injunction ordering the Prison's dental Dept. provide continued dental and medical care for Plaintiff.
- * Punitive Damages, Damages for Pain and Suffering, Nominal damages
- * All other just relief as ordered by this court.

Date: 3/16/15



Signature of Plaintiff

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 11-5-14

FROM: Haverstick Davian L

ID #: S9343

Last Name

First Name

Middle Initial

Concord

mcs 1-B

RB

A

Facility

Housing Unit

Cell

Work/Shift

INMATE REQUEST: Requesting an appointment to be seen
By a dentist, I would like to have false
teeth. Seeing that I currently don't have any
teeth at all. I've had issue eating certain things
Because of my gums. Please help me.

(If you need more space, use plain paper.)

Thank you
Davian Haverstick
Inmate Signature

TO: Dental / Appointment

DATE: 11-5-14

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS:

Please Assist

fbt
Staff Signature

FROM: dental
Staff Member Name/Office

DATE: 11/14/14

REMARKS: You were told @ your dental
intake that you did not qualify for
dentures.

AW
Staff Signature

Received By

Inmate Signature

INSTRUCTIONS

This form will be used by inmates of the New Hampshire Department of Corrections Facilities in Concord, Lakes Region, Goffstown, Berlin and Community Corrections Centers to communicate requests/issues to members of the Department of Corrections staff. Inmates serving sentences at other than New Hampshire State Prison Facilities may use stationery rather than inmate request slips.

The Yellow and White copies will be returned to you with a response. You must acknowledge receiving this response by signing the White original, which will then be returned to Offender Records for storage in archives for 3 years, after which it will be destroyed.

The Yellow copy is YOUR copy. Please keep this for your records. This is your receipt of the request.

Distribution of copies of this form: Give ALL copies to the Unit Supervisor, Security Lieutenant, or CC/CM.

ADDRESS YOUR REQUEST AS FOLLOWS

Give all requests to your Unit Supervisor, Security Lieutenant, or CC/CM for prompt attention.

Strictly Confidential Requests may be placed in a sealed envelope and addressed to the appropriate staff member or Office(Commissioner, Warden, Bureau Administration, Investigations). If it is determined that your request could have been handled by a different party, it will be returned to your Unit Supervisor, Security Lieutenant, or CC/CM.

IMPORTANT

DO NOT send requests written on other forms/paper. You **MUST USE THIS FORM** when communicating with staff. Other written forms will be returned unanswered.

DEC 22 2014

NH DOC

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TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: Dec 21, 2014FROM: Haverstick Davian LID #: 59343

Last Name

First Name

Middle Initial

ConcordSouth1-B 5BA

Facility

Housing Unit

Cell

Work/Shift

INMATE REQUEST: Sir you responded to A grievance addressed to the Commissioner dated Dec 17, 2014. Regarding the prison dental department. Refusing to provide Adequate dental care to Whit I Complete Dentures. you Sir Answered said grievance and stated. "We Support the former medical directors decision." Is your Response the official Response of the Commissioner himself?

(If you need more space, use plain paper.)

Davian Haverstick
Inmate Signature

TO: Chris KenchDATE: Dec 21, 2014

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS:

Staff Signature

FROM: Chris Kench, Office of the CommissionerDATE: 12/22/14

Staff Member Name/Office

REMARKS: Yes.

Staff Signature

Received By

Inmate Signature

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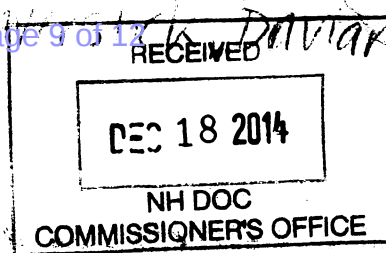
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GRIEVANCE FORM
(See Reverse For Instructions)

DEPARTMENT OF CORRECTIONS
STATE OF NEW HAMPSHIRE
P.O. Box 14
CONCORD, NEW HAMPSHIRE 03302



JOHN H. LYNCH
GOVERNOR

STEPHEN J. CURRY
COMMISSIONER

1. Date: Dec 17, 2014
2. Grievant: Haverstick DAVIAN
3. Number: 59343
4. Address: NH STATE PRISON
5. Brief Description of Grievance: I do not agree with Helen Hanks decision. I met with the di. who is no help at all. Being able to chew my food properly, or be able to digest properly, is indeed a medical issue, that can further medical problems down the road. Just because I came into prison, it shouldn't bar me from receiving dental work. This is discrimination on the facts that I am not serving 5 or more years.
Thank you for your time.

Signature: [Signature]
(You will be penalized if statement is untrue)

(Use Attachments if necessary.)

To: **DIRECTOR** (Warden)

Date of Director's Action: _____

Director's Action: _____

Authentication: _____

To: **COMMISSIONER**

Date of Commissioner's Action: 12/18/14

Commissioner's Action: We support the former Medical Director's decision.

Authentication: [Signature]

(FORWARD ALL THREE COPIES. WHITE WILL BE FILED IN OFFENDER RECORDS, CANARY TO RESPONDER AND PINK TO GRIEVANT.)

INSTRUCTIONS FOR USE OF GRIEVANCE FORM

1. Fill in date sent.
2. Fill in your name.
3. Fill in your number; for prisoners, and parolees your prison number; for probationers your social security number or driver's license number.
4. Prisoners fill in your housing assignment; others your mailing address.
5. Briefly describe your grievance. Use additional blank pages or attachments if necessary. Provide enough information so that the recipient can understand the problem.
6. Sign the form. You are cautioned that if investigation of your grievance discloses that you were untruthful or misrepresented the facts, you will be disciplined for that violation.
7. The form MUST be sent to the Warden if you are a prisoner. Parolees and probationers MUST send the form to the Director of Field Services. The Warden or Director of Field Services will respond within fifteen (15) working days of receipt of the form. If resolution or investigation will take longer than 15 days, you will be provided an interim reply.
8. If the response from the Warden or the Director of Field Services does not resolve the issue satisfactorily, you may then file the grievance with the Commissioner. The Commissioner will respond within twenty (20) days with a final or interim reply.
9. Prisoners MUST use request slips to attempt to resolve issues prior to submitting a grievance. Grievances will not be accepted unless it is demonstrated that request slips have not worked or unless the grievance is a bonafide emergency or life-threatening situation. Attempts to by-pass the request slip system will simply be returned without action unless the grievance clearly shows earlier attempts to use the request slip system or that the situation is a bonafide emergency or life-threatening.
10. Grievances sent to the Commissioner by prisoners without evidence of the Warden's earlier action will be returned without action.
11. The grievance form may be used for second level appeals of disciplinary board results at the prison if the original appeal on a request slip was rejected in whole or in part under the following rules:
 - a. Only two types of appeals are grievable: (a) allegations of procedural violations stating what procedural or process errors were made; or, (b) allegations of sentence disproportionateness alleging that the sentence was excessive and stating the reasons why.
 - b. Questions relating to guilt or innocence or insufficiency or invalidity of evidence are NOT grievable at the second level (but they may be appealed at the first level on a request slip).
 - c. Minor board results may be appealed to the Administrator of Security on a request slip. If the Administrator's response does not satisfy the inmate he may appeal to the Warden on a grievance form. The Warden's response on a minor board is final.
 - d. Major board results may be appealed to the Warden on a request slip. If the Warden's response does not satisfy the inmate he may appeal to the Commissioner on a grievance form. The Commissioner's response on a major board is final.
 - e. Appeals must state clearly what is being appealed and the reasoning upon which the appeal is based.

**GRIEVANCE FORM**

(See Reverse For Instructions)

DEPARTMENT OF CORRECTIONS
STATE OF NEW HAMPSHIRE
P.O. Box 14

CONCORD, NEW HAMPSHIRE 03302

JOHN H. LYNCH
GOVERNOR

STEPHEN J. CURRY
COMMISSIONER

1. Date: Nov 15, 2014
2. GRIEVANT: Haverstick, DAVIAN
3. Number: 59343
4. Address: NH State Prison
5. Brief Description of Grievance: I'm Being denied false teeth

It has been causing my gums to bleed, I'm not able to
chew any food properly, digesting food is just another
example. I was informed that I don't qualify for
dentures for two reasons, my prison sentence is less than 5 yrs
and that I never had any work done in my mouth in
prison. This is discriminating. Please help me. Thank you

Signature: [Signature]
(You will be penalized if statement is untrue)

(Use Attachments if necessary.)

To: **DIRECTOR** (Warden)Date of Director's Action: 11/18/14

Director's Action: Dear Mr. Haverstick: Review of your dental record indicates you entered
prison on 5/15/14. Your dental intake in May 2014 shows a history of edentulous since
2011, a condition prior to prison admission. By policy dentures will be provided when
a nutritional deficiency exists. Dr. Dransite has ordered a dietary consultation to
assess your nutritional status to determine if you qualify under the policy. The dietitian
may also offer you an altered diet to assist with your chewing.

Respectfully,

[Signature]

Authentication: _____

To: **COMMISSIONER**

Date of Commissioner's Action: _____

Commissioner's Action: _____

Authentication: _____

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